

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Midwest Values PAC

ADDRESS (number and street)

PO Box 583232

☐ (Check if address is changed)

Minneapolis

CITY ▲

MN

STATE ▲

55458

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

shellihesselroth@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

http://midwestvaluespac.org

2. DATE

MM / DD / YYYY
01 / 16 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00416131

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Borman, Thomas, , ,

Signature of Treasurer Borman, Thomas, , ,

[Electronically Filed]









Date

MM / DD / YYYY
01 / 16 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Midwest Values PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Franken, Al, , ,

Mailing Address

PO Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Hesselroth, Shelli, , ,

Mailing Address

PO Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Borman, Thomas, , ,

Mailing Address

PO Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position
Treasurer

Telephone number

Full Name of
Designated
Agent

Hesselroth, Shelli, , ,

Mailing Address

PO Box 583232

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bremer Bank

Mailing Address

2100 Bremer Tower

445 Minnesota Street

Saint Paul

CITY

MN

STATE

55101

ZIP CODE

Name of Bank, Depository, etc.

Venture Bank

Mailing Address

5601 Green Valley Drive

Ste 120

Bloomington

CITY

MN

STATE

55437

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Franken MVPs

Mailing Address

PO Box 583144

Minneapolis

MN

55458

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. City National Bank

Mailing Address

2029 Century Park East B Level

Los Angeles

CA

90067

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

-

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

 - - 9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, **Woodsboro Bank**

Depository, etc.

Mailing Address

PO Box 36

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CITY ▲

STATE ▲

ZIP CODE ▲